

**NEVADA DEPARTMENT OF AGRICULTURE
APPLICATION AND AUTHORIZATION FOR LEAVE**

DATE: _____, _____, I request that I be granted leave as indicated below.

DATES & TIME OF LEAVE	TYPE OF LEAVE	TOTAL HRS	APPROVED	DENIED

AL = ANNUAL LEAVE SL = SICK LEAVE FS = FAMILY SICK CL= COMP LEAVE ADM = ADMINISTRATIVE LEAVE

Employee Signature

Date of Request

Supervisor Signature

Date Approved

LIST HOURS AVAILABLE TO USE:
Application and authorization for leave form 02/02

AL: _____

CL: _____

SL: _____